Community Mental Health of Muskegon County Integrated Health Care Initiative

• Review of Mortality Studies

Monthly reports of client deaths reviewed. Review coincides with studies.

• Common themes barriers and challenges

Difference in allotted times for appointments
We speak different languages
Differences in vision
Getting CMH staff to begin to see Integrated Health as their responsibility
Human services offices/PCP offices are "maxed out" – makes meeting difficult – meetings in the evenings
Getting FQHC to apply for change of Scope to place medical staff in CMH location
Things that sounded so easy – were not

How to pay for MH staff at a community health facility

FQHC reimbursing CMH for wages of BH staff person placed in FQHC FQHC billing for Behavioral Health Services CMH billing for Substance Abuse services provided in FQHC Agreement that program would be cost neutral for all parties involved

What was most successful

Providing Primary Care office with "one time psychiatric consults".

Providing phone consultation with psychiatrists.

Identifying "point people" in each agency

Providing learning opportunities on medical health issues to CMH staff

Quarterly meetings with FQHC

The CMH board and administration see the value in Integrated Health and embarked on a strategic plan to move forward

The development of relationships

Peer Involvement

Peer Support Specialist co-leading health and wellness group
Peer Support Specialist on Integrated Health Committee and Doctor's Work Group

What services are delivered

MSW employed by CMH embedded in FQHC "Curb Side" consults
Substance Use screening and treatment
Ongoing therapy
"Real time" psychiatric consults

What did not work

Our counterparts do not always share the same enthusiasm that we do Being slowed down by things out of our control

• Exchange of information

Good exchange of information occurs via phone calls, faxes, etc. The lack of an electronic record is currently a barrier